DOCUMENT RESUME

ED 104 876 SP 009 117

AUTHOR Carlson, Robert
TITLE What Moves Me to Act. I.
INSTITUTION American Alliance for Health, Physical Education, and Recreation, Washington, D.C. National Association for Sport and Physical Education.
PUB DATE Aug 71
NOTE 8p.; Presented at the Perceptual Motor Conference, Sparks Nugget Convention Center (Sparks, Nevada, August 26-28, 1971)

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS Academic Achievement; Perceptual Development; *Perceptual Motor Coordination; *Perceptual Motor Learning; Physical Activities; *Physical Education

ABSTRACT

In this speech, the author expresses concern for the child who does not seem able to perform. The author states that there is an orderly acquisition of sensations, skills, and/or patterns that we move through in the process of learning, and that the acquisition of more advanced skills is predicted on the assumption that earlier sensations, skills, and/or patterns have been acquired. The author continues that responsibility for therapy in the area of movement for remediation, and the development of corresponding motor activities, should lie with physical educators. He contends that once physical educators realize what role physical education should play in perceptual-motor development, they need to more fully explain it to parents and other professionals. He also feels that perceptual-motor programs should be a part of every public school education program, and that help should be provided for parents of children who have learning problems related to perceptual-motor development. (PB)

"What Moves Me To Act". I.

Speaker: Dr. Robert Carlson

Preparing this presentation has proven to be a very difficult task. It is not really too difficult to prepare a talk in which one presents observable data and records impressions of what is going on around him. But defining an answer to the question, "why," proves to be a very soul-searching type of experience. Today, I would like to try to communicate to you my solution to the question "why" that has evolved as I examined my involvement in the area of perceptual-motor development of children. I would hope that many of you will find at the conclusion that you have similar concerns, similar feelings, and similar desires so that we may move together in this area of perceptual-motor development of children.

The most basic aspect as to why I am involved in the perceptual-motor area is my concern for the child who does not seem to be able to perform. For example, the child who is unable to discriminate the difference between left and right, the child who does not have good balance, the child who does not have the eye-hand coordination to catch a ball or eye-foot coordination to kick a ball, or the child who is unable to move down the aisle in a classroom without bumping into fellow classmates or desks. I'm concerned about the child like this who wants to participate in athletics and/or physical education. A young man went out for a junior high basketball team and was cut on the second day because he could not remember his left from his right and, somehow, seemed to run the plays wrong. This same young man is an excellent trampolinist and pole vaulter. How about the child who is placed in right field in a softball game and is the last chosen because he can not hit the ball or can not catch the ball. Where does this child go for help? In our society today, if this child is from a low income family and/or is retarded, monies are available to obtain special help for him. But where does the child go who is from a family with an average or above average income, or who is not retarded? The developmentally normal and gifted children have physical education and/or athletics, but the child who is not normal or gifted in a physical sense is many times automatically excluded from these activities. Sometimes we let this child be one of the chosers for sides so that he will feel like he is part of the group, or perhaps it is easier to have this child hand out the towels in the locker room, or be responsible for getting the equipment to the site rather than be a participant, or perhaps it is easier to simply ignore this child as much as possible until we can pass him on to next year's teacher.

A second factor that moves me to act is a very sincere belief in the ability of an individual to develop. I believe that there is a somewhat orderly acquisition of sensations, skills and/or patterns that we move through in the process of learning and that the acquisition of more advanced skills is predicated upon the assumption that earlier sensations, skills and/or patterns are intact. This is not an unheard of phenomenon for those of us in physical education, for we have all had the opportunity to work with a beginner in some sport and see him progress from a novice level to being proficient. In considering the total field of physical education rather than the select group present today, the concern of our field seems to be more in the ability of children to perform and to excel than it is in the achievement of normal patterns of development. I don't know how many times I have heard the position taken--"If David wanted to do it, he could do it." This position is taken daily by classroom

teachers and physical educators and has achieved the status of one of the biggest cop-outs in education today. When we as teachers are unable to work with a child, to get him to do what is expected, we immediately rationalize and say that if this child were more motivated and wanted to do it, he could do it. Perhaps if David could do it, he would. Physical education had better wake up! For too long, we have labored with the idea that society needs us. We are beginning to see in this era of economic tightening and accountability that some schools are dropping physical education and curtailing the athletic programs because physical education and athletics have, in part, not atuned themselves to serving the current needs of the public. We have established ourselves as a spectator or recreational type of involvement. In determining activities for curtailment, the extra or the spectator type of activities seem to be the first to go. And yet, as I look around, I see so much that physical education has to offer. Yet, physical education seems to let these opportunities pass by. Many of the activities that we have developed by trial and error, that we do because people before us did them, are well-founded and well-justified types of activities that merely need to be redefined for the public. For example, use of a parachute at the elementary level is promoted as a group activity that is fun. For the education of the public, perhaps it should be promoted as an activity to enhance group cooperation, movement in space, rhythm, and strength development. Self-testing activities such as tumbling and stunts need not be described solely as ends unto themselves but as movements that enhance awareness of self in space, body image or ego, and vestibular stimulation. In this perceptual-motor area, certain educational fields seem to be turning toward physical education. Special education has turned repeatedly to physical education, trying to encourage its help and involvement in work with children who have mental retardation, learning disabilities, emotional disturbance, visual impairment, and orthopedic handicaps. Psychology and mental health have repeatedly used play as an accepted means of therapy. We talk about physical education as being a method for releasing emotions and yet, where is physical education? If physical education doesn't wake up, it is going to see this whole area of movement for remediation and the development of corresponding motoric activities being assumed by other professions that realize the potential impact that this type of therapy might have.

My vantage point for viewing this perceptual-motor area is quite obviously from the side of the coin on which we find the children that have perceptual-motor dysfunction. My concern, therefore, is directed towards these children and the enhancement of services for them. One of the prime motivations, therefore, that moved me to become involved in this area was to enhance the diagnosis of dysfunction in children. Typically, a diagnosis is deemed the responsibility of the school psychologist who for years has given a Wide Range Achievement Test, a Bender, a WISC or Benet intelligence test, and a Draw-a-Person as a typical battery of tests from which a diagnosis is made. That is the ideal situation in the public schools. But if one looks at many of the school systems, he finds a ratio in existence of one school psychologist to seventeen or twenty schools or one school psychologist to twenty thousand students. In talking with school psychologists, one realizes that they are fortunate if they can stay up with the testing that is necessary to justify the expenditure of Special Education funds for their district. In reality, the diagnosis becomes more a task for the teacher or the principal of the respective school, or for people who have the opportunity to offer special services; such as reading, speech, and possibly physical education. It would be impossible to enumerate the number of times that children have

been identified as being motivational problems or being retarded, but in reality they did not have the basic skills that would allow them to do the tasks. For instance, many children with spelling and silent reading deficiencies will score low on visual sequential memory. The child who does not seem to follow directions and/or forgets to do what is expected may have auditory sequential memory dysfunction. The child with the short attention span may be hyperactive. It is not uncommon to locate children who demonstrate deficiency in movement in space and mathematics, an academic subject that is an abstraction of space. Many of the problems that are being cited sometime stem from the perceptual-motor types of dysfunction that were cited by Dr. Ayres earlier this morning. I am talking about the ability to make appropriate types of motoric responses to what one perceives from his environment. Where is physical education? These children upon whom we are focusing our attention right now are primarily children who are to be found in the regular elementary schools. For many schools, physical education is not found in the elementary schools. School districts tend to placate the public sometimes by saying that they have a physical education consultant who travels to all schools. He is lucky if he sees the same child two times in the whole semester. Even if a school district is fortunate enough to have a physical education person in each elementary school, the odds are that he does not know how to give perceptual-motor tests and may not even know what the perceptual-motor tests are. For instance, among those of you present, how many of you have ever given Dr. Ayre's battery of tests? How many of you have ever given the Lincoln-Oseretsky Motor Development Scale? How many of you have ever given Cratty's Perceptual-Motor Test? How many have given Kephart's Purdue Perceptual-Motor Survey? Yes, that is the most popular one. And yet for the Purdue Test, the manual does not contain the norms for performance. How does one look at performance objectively? The grading scale is subjective and the interpretation of the scores is of necessity subjective. When one tests for intelligence, the items are objective. When one tests for psycho-linguistic ability, the items are objective. When one tests for reading ability, the items are objective. When one tests for spelling ability or mathematics ability, the items are objective. But when one tests for perceptual-motor ability, the items are subjective.

Assuming for a moment that we were able to diagnose objectively perceptual-motor dysfunction, we then are faced with the task of seeking to improve the areas of dysfunction. What is Physical Education's contribution to the remediation of perceptual-motor dysfunction? As far as fields outside of physical education are concerned, if they know of anyone in physical education at all, which may be questionable, they are aware of the work of Cratty. Certainly there are other people within physical education who are working in this perceptual-motor area. But these people, as well as the entire field of physical education, have tended to harbor these individuals and their ideas within the profession. It has only been through efforts within the last couple of years, particularly with this perceptual-motor task force, that physical education has assumed the position that it has ideas and wants to communicate them to other professional areas. Perhaps the problem to date has been that physical education does not think it has something to contribute, and stands in awe of other professional areas. Nothing could be farther from the truth. And yet today, most of the people who are working with children, when asked for sources of perceptual-motor ideas, cite the works of Kephart, Barsch, Frostig, etc.--Special Educators and psychologists. Where are the people whose business is movement? Perceptual-motor is by all rights physical education, particularly with the area of coordination. The early emphasis of this movement dealt primarily with hand-eye

coordination. Our task, however, is not to try to destroy the work that others are doing, because no matter what profession one is associated with, an individual who is concerned is going to make a significant contribution. My concern at this point is that the models that are currently the most popular for purposes of use are geared at too high a level for the child who has problems. I see a great need for many of the children in the public schools for a much more basic sensory-motor type of program of the type that is identified with Dr. Ayres or with the University of Kansas Perceptual-Motor Clinic. If I may for a moment cite some of the examples of the sensory motor or perceptual motor dysfunction that I have seen within the last year in children who have been referred to us from the public school. There are many young children who can not identify their body parts. Some children who know their body parts can not identify them when they are blindfolded. When blindfolded, they become totally confused as to where their orientation is in space. I remember also the child that during testing we touched her leg with a pen and asked her to point to the spot while blindfolded. Her point of identification was over seven inches away from the stimulus. I have touched one finger and the child has responded by pointing to an entirely different finger as the one having been touched. How about the child who is so hyperactive that it is impossible for him to remain still and many times silent for even a short period of time? We have placed children on scooter boards and have spun them in a tight circle for well over twenty minutes and have been unable to demonstrate dizziness in the child being spun. What type of sensory information are these children receiving? One can not deny the existence of reception of stimulation, but it is certainly not what we would consider to be normally organized information from which one can learn. Let's look for a moment at a task that is quite normally associated with perceptual-motor remediation. The task is walking on the balance beam. What is involved in this task? Balance, quite obviously. But what else? There is an awareness of space and movement in space. There must certainly be a sense of laterality as one feels the line of gravity move back and forth and must adjust the body weight accordingly. Is there not a tactile sensation that occurs on the soles of the feet? There also is the vestibular area of functioning, particularly in the child that has a rapid change of position as he is walking the balance beam. How, then, can one justify considering the balance beam as a very basic piece of equipment for remediation? If the child can not perceive tactually and is not able to demonstrate normal vestibular functioning or awareness of laterality, the practice of walking on the balance beam is, in effect, going to develop the very splinter skill that Kephart says should be avoided. As an example, this summer, I was at the swimming pool and noticed one of the parents teaching his child to swim. He was holding the child on the surface of the water by placing his hands under her body. The child was in a prone position, holding her head up, and the father was instructing her in the moving of her legs and arms. She was moving them appropriately, but the child was deathly afraid of the water. This child had learned to swim when in her father's arms, being held on top of the water. That skill would be a type of splinter skill, for she could not do the skill under different conditions. To learn to put her face in the water could be synonymous with a movement pattern because if the child had learned to put her face in the water, she could have put her face in the water anywhere and at any time. I think this serves as an example that in remediation, it becomes our task to break down various skills until a point is reached at which we are dealing with simple movement patterns and single concepts or movement tasks. For example, an inability to perform a skill while standing in a restricted area may be due to poor static balance rather than the skill. Examining for

static balance may reveal dysfunction and suggest further evaluation into areas such as leg strength, tonic neck reflex and laterality before an appropriate program of learning can be designed. The activities for this child might include activities to move the head toward the flexed arm for the tonic neck reflex and/or pulling on a rope while on a scooter board for laterality. Rather than hoarding information of this type to ourselves, or incorporating it into some obscure pamphlet that is not generally available to the public, we have got to make this information available to the public and to other professions. Unless we begin to serve the needs of the public and begin to serve the needs of other professions with the information we possess, physical education is not going to be able to achieve a lasting place within that academic structure.

These comments lead me to another area of concern that has motivated my actions in this area. One of the early prerequisites of our program was to establish the value of a perceptual-motor program so that it might be assumed as part of the public school educational program. Irregardless of the primary interest of the person interested in the perceptual-motor movement, whether it be a concern for the handicapped child or the normal, the problem seems to be one of how do we go about getting the program into the elementary schools. For those schools that already contain a physical educator in each building, the direction that one takes in regard to emphasis is probably already established. However, if physical education is not in existence in an elementary school, particularly in the kindergarten through third grade, I think it does make a difference as to the approach one uses. I feel very strongly that a demonstration of the value of perceptual-motor activities for children with learning problems will be a stronger point for initiating consideration by school boards to place a perceptual-motor program in the public schools. The emphasis of a public school program is on academic rather than physical endeavors. To convince a school board to incorporate a program of this type for the sake of physical education is probably going to fall on deaf ears. If, however, perceptual-motor training is of value for children with learning problems, the next step then is the suggestion that it may be good for all. The problem today is the lack of controlled research to support the position that perceptual-motor activities are capable of remediating problems for those children who possess learning problems, much less to be a preventive type of activity for children who have not even demonstrated perceptual-motor dysfunction.

The last area of concern is central to my motivation. This area involves trying to provide help for parents of children who have learning problems of the type I have been discussing. I can appreciate some of the anxieties that these parents sense, for I have a two and a half year old child who demonstrates hyperactivity. In many of the meetings with parents, it has become apparent that a very real sense of futility exists in their concern for their child. Parents seek professional communication based on testing and observation to help them to examine objectively the problems of their child. Most parents that contact us rationalize initially that the problem is with the schools. With thorough testing and discussion, it soon becomes apparent that the child does in fact have various learning problems which may or may not be amplified by the school system. At this point, the parents are able to accept or reject an attempt to describe how and why their child functions as he does. One of the real problems that parents confront is that most people talk in generalities: "be patient, your child will outgrow his problem; he just seems to have problems attending in class; and if he wanted to do it, he could do it." With reactions of this type, the parents begin to look at education as attempting to resolve problems using a shotgun type of

approach or to shrug off responsibility in dealing with the child rather than being able to provide justified individualized help for their child. Very rapidly, that sense of desperation, that sense of futility begins to enter in. It particularly seems to occur when there are no answers as to what is wrong with the child, when the teacher comes back with the question, "what do you think is wrong?" , when the teachers propose obviously erroneous diagnoses, when there is a lack of a problem even if the diagnosis can be made correctly, the observation that the child has no friends or is rapidly losing friends, and the sense of defeat. Parents do not seem to want to do away with labels for dysfunction. A movement not to label a child, of course, is a very prime movement at this time. Parents seem more comfortable if the particular type of dysfunction the child is demonstrating is identified so that they can learn more about the problem and how to cope with the problem. This is not to infer that they are concerned about gross types of labeling such as retarded or emotionally disturbed, but they are interested in specific types of labeling such as a lack of visual memory or a lack of auditory sequential memory or a lack of balance or a lack of eye-hand coordination or directionality and the list can go on and on. As they begin to identify the problem and can recognize that problem themselves once it is described, they then can become part of the remediation process and, if someone is willing to work with them, they feel like progress is being made.

Just as Martin Luther King did so many times, I would like to define my dreams relative to the perceptual-motor area. I dream of the day when a child with a perceptual-motor problem is diagnosed as a child with a perceptual-motor problem. This will be the day when efforts are made to provide ample testing and ample observation to focus in on the more basic problems that are in existence in many of these children. I dream of the day when noneducation, certified personnel will be approved by the public schools and will be incorporated in the public school program. Some professions are already there, such as school nurses, but what about the occupational therapist or the physical therapist. While we find these people providing their valuable service in some school systems, they normally can not be employed by the public school because they do not possess the teaching certificate. I dream of the day when physical education is viewed as a rectangle of services. At this point in time, physical education seems to exist as an inverted triangle with a lack of services being offered at the base or in the lower elementary grades and a wide variety of services being offered at the high school and college level. As some would propose, inversion of our program to a normal position for a triangle is not the answer either such that the majority of our services would be in the lower elementary grades with few services then being offered at the upper levels. But physical education should be viewed as a rectangle with the existing complexity of services at the upper level of education but with a decided increase and augmentation at the lower elementary level. I dream of the day when physical education will accept the handicapped child as needing physical education. I see a growing number of concerned people within the profession that recognize this, and you demonstrate that interest by your attendance here today, but in considering the mass of the profession, we are too wrapped up with the normal and the super normal individuals, who are capable of producing outstanding feats of endeavor. But this handicapped child, no matter what his handicap, has just as great a need for the values of physical education, and one could probably build a case of him having a greater need for the values of physical education. I dream of the day that early diagnosis becomes standard. Those children with very severe problems can be picked out

quite easily in pre-kindergarten or kindergarten. But, because of the tremendous amount of growth and development that occurs between kindergarten and the first grade, many of the ones that are going to break down in the academic and physical settings become apparent within the first grade. Most of the classroom teachers by observation and daily contact can point out the children in the classroom who need to be examined. She may not know exactly what the problem is, but she knows that a problem exists. It is at this point that it should become a standard practice that testing be done to determine what the area of dysfunction is that exists if one in fact exists. But, all to often, we find this testing lacking until approximately the third or fourth grade, at which point it becomes increasingly difficult to apply the normal means of remediation and self-help for this child. Consequently, I dream of the day that doctors become educated in the importance of the perceptual-motor type of functioning. All children are required to have a physical examination at various points of time during their school career. The doctor, particularly the family physicians and pediatricians, should be made more aware of developmental problems that frequently occur in children who have perceptual-motor problems and could then pick them out in an early pre-school type of examination. Following their recommendations, the child could then be referred for more extensive evaluation. The problem that has been encountered to date is that most of these physical examinations are too superficial. There seems to be a predominate attitude that the child will outgrow the problems that he is manifesting, which is undoubtedly true is some cases. And lastly, I dream of the day when physical education will be willing to accept and move forward with non-research information being regarded as valuable information. This is not to suggest that this type of information is as scientifically valuable as that obtained through research, but if we sit back and wait for research to provide all the answers, we will not change appreciably in five to ten years from that which we are doing today. Many of you in the audience have achieved a tremendous amount of experience that has provided you with insight that allows you to function and do a good job in the job that you are doing. Those who work in clinical settings have developed a tremendous amount of information that they have observed through a case study type of research. The crime is not in moving forward and trying as concerned physical educators to do the best that is possible. The crime is when we sit back and do not make an attempt to resolve some of the needs that exist in society today.